	<u> </u>						
	CC FINANCING STATEMENT						
	LLOW INSTRUCTIONS		•				
	NAME & PHONE OF CONTACT AT FILER (optional) ime: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	118-662-4141	Ì				
В	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	·-					
С	SEND ACKNOWLEDGMENT TO (Name and Address)		1				
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ľ	Lien Solutions 75877 P.O. Box 29071	536					
ı	Glendale, CA 91209-9071 RIRI						
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١١	File with: Secretary of State, RI		,	HE AROVE SI	PACE IS EC	OR FILING OFFICE	LICE ONLY
1. D	EBTOR'S NAME: Provide only one Detitor name (1a or 1b) (use exact, full n	name do not cmit r			_		
						tement Addendum (For	
	IN ORGANIZATION'S NAME	<u> </u>				-	
OR	MEDICAL SERVICES OF RHODE ISLAND, INC.						
	16 INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME		POITIDE	IAL NAME(S)/INITIAL(S)	SUFFIX
tc	MAII ING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
39	MAIN STREET	TIBURON			CA	94920	USA
	DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full r		nodify, or ab	breviate any part			
						tement Addendum (For	
	2a ORGANIZATION'S NAME					· ·	
OR							
	26 INDIVIDUAL'S SURNAME	FIRST PERSONAL	1AME		ADDITION	IAL NAME(S)/INITIAL(S)	S) SJFFIX
2c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
		1				, and a second	555,4111
3 S	ECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECUR	RED PARTY) Prov	ide only one	Secured Party n	iame (3a or 3t))	
	39 OFFICE DARRADORT FAMILY TRUCT	•		·		- -	- -
OR	THE RAPPAPORT FAMILY TRUST 36 INDIVIDUAL'S SURNAME	I					
	30 INDIADAY 2 ZOKNAME	FIRST PERSONAL	NAME		ADDITION	NAL NAME(SYNITIAL(S)	SUFFIX
-3c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
39	MAIN STREET	TIBURON			CA	94920	
4. C	OLLATERAL: This financing statement covers the following collateral	<u> </u>			j ÇA	34320	USA
The	e following property of the Debtor whether now owned or hereaft	er acquired or a	rising out	of			
1. /	All Debtor's Accounts, and all of Debtor's money, contract rights,	chattel paper.	document	s, deposit acc	ounts, seci	urities, investment r	roperty and
inst	truments with respect thereto, and all of Debtor's rights, remedie	s, security, lien	s and sup	porting obliga	tions, in, to	, and in respect of t	he forégoina.
lien	luding without limitation, rights of stoppage in transit, replevin, re for or secured party, guaranties or other contracts of suretyship w	possession and with respect to t	i reclamai he Accou	lion and other nts. denosits.	inghts and and other s	remedies of an unp	aid vendor,
Acc	count debtor, and credit and other insurance;					•	•
2. I	To the extent not listed above, all of Debtor's money, securities, i ceeds thereof that are now or hereafter held or received by, in tr	nvestment prop	erty, dep	osit accounts,	instrument	s and other propert	y and the
ΑĦi	liate of the Secured Party, whether for safekeeping, pledge, cust	tody, transmiss	ion, collec	tion or otherw	rise:	-	
3. 1	To the extent not listed above, all of the Debtor's now owned or hideposited:	ereafter acquir	ed deposi	t accounts int	o which Ac	counts or the proce	eds of Accounts
4. /	All of the Debtor's right, title and interest in, to, and in respect of a	all goods relatin	g to, or w	hich by sale h	ave resulte	ed in. Accounts, incl	udina without
limi	itation, all goods described in invoices or other documents or instruction, all goods described in invoices or other documents or instruction.	truments with r	espect to,	or otherwise	representin	g or evidencing an	Account, and
5. /	All of the Debtor's general intangibles (including, but not limited to	o, payment inta	ngibles) a	nd other prop	erty of eve	v kind and descript	ion with respect
to.	evidencing or relating to its Accounts, including, but not limited to	o, all existing ar	nd future o	customer lists	, choses in	action, claims, bool	s, records.
		(see UCC1Ad, iten	17 and Ins			ed by a Decedent's Pen	
6a.	Check only if applicable and check only one box.					f applicable and check	only one box
	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a		, 	Agricultu		CC Filing
	LTERNATIVE DESIGNATION (if applicable) [] Lessee/Lessor	onsign ee /Consigni	<u> </u>	Seller/Buyer	Ван	ee/Bailor Lic	ensee/Licensor
	377536 NES						

RI SOS Filing Number: 202023277870 Date: 7/16/2020 1:28:00 PM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fil, check here 9a ORGANIZATION'S NAME MEDICAL SERVICES OF RHODE ISLAND, INC. **OR** 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) **SJFFIX** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that oid not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name) do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a ORGANIZATION'S NAVE OR 105 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME (SYINITIAL(S) SUFFIX 10c MAILING ADDRESS CITY POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b) 1a CRGANIZATION'S NAME 16 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME (S)JAITINGSEMAN JAKOITIGCA SUFFIX 11c MAKING ADDRESS CITY STATE POSTAL CODE 12 ADDITIONAL SPACE FOR ITEM 4 (Collateral) ledger cards, contracts, licenses, formulae, tax and other types of refunds, returned and unearned insurance premiums, rights and claims under insurance policies, and computer programs, information, software, records, and data, as the same relate to the Accounts, 6. All of the Debtor's other money, securities, investment property, deposit accounts, instruments, documents, supporting obligations and chattel paper; All of the Debtor's letter-of-credit rights and commercial tort claims; 8. All of the Debtor's other general intangibles (including, without limitation, any proceeds from insurance policies after payment of prior interests). patents, unpatented inventions, trade secrets, copyrights, contract rights, goodwill, literary rights, rights to performance, rights under licenses, choses-in-action, claims, information contained in computer media (such as data bases, source and object codes, and information therein), things in action, trademarks and trademarks applied for (together with the goodwill associated therewith) and derivatives thereof, tradenames including the right to make, use and vend goods utilizing any of the foregoing, and permits, licenses, certifications, authorizations and approvals, and the rights of the Debtor This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14 This FINANCING STATEMENT REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as extracted collateral is filed as a fixture filing 15 Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate (if Debtor does not have a record interest). 17. MISCELLANEOUS: 75877536-RI-0 19847 - LAW OFFICE OF TIMOTH THE RAPPAPORT FAMILY TRUST File with Secretary of State, RI

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here 9a ORGANIZATION'S NAME MEDICAL SERVICES OF RHODE ISLAND, INC. OH 96 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME (S)JAITINIVS)3MAN JAACITICCA SJEFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a ORGANIZATION'S NAME 106 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME (SYINITIAL(S) SuFFIX 10c MAILING ADDRESS POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b) <u>or</u> 11a ORGANIZATION'S NAME 115 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME (SYNITIAL(S) SUFFIX 11: MAILING ADDRESS YILU STATE POSTAL CODE COUNTRY 12 ADDITIONAL SPACE FOR ITEM 4 (Collateral). thereunder, issued by any governmental, regulatory or private authority, agency of entity whether now owned or hereafter acquired, together with all cash and non-cash proceeds and products thereof, 9. All of Debtor's now owned or hereafter acquired inventory of every description which is held by Debtor for sale or lease or is furnished by Debtor under any contract of services or is held by Debtor as raw materials, work in progress or materials used or consumed in a business, wherever located, and as the same may now or hereafter from time to time by constituted, together with all cash and non-cash proceeds and products thereof, 10. All of Debtor's now owned or hereafter acquired machinery, equipment, computer equipment, tools, tooling, furniture, fixtures, goods, supplies, materials, work in process, whether now owned of hereafter acquired, together with all additions, parts, fittings, accessories, special tools, attachments, and accessions now or hereafter affixed thereto and/or used in connection therewith, all replacements thereof and substitutions therefor, and all cash and non-cash proceeds and products thereof; 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers himber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate (if Debtor does not have a record interest): 17. MISCELLANEOUS 75877536 RI-0 19847 - LAW OFFICE OF TIMOTH THE RAPPAPORT FAMILY TRUST File with Secretary of State, RI NES

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here 9a ORGANIZATION'S NAME MEDICAL SERVICES OF RHODE ISLAND, INC. OR 95 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYMITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 0a ORGANIZATIONS NAME OR 106 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME (SYINITIAL (S) SUFFIX 10c MAILING ADDRESS CHY POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b) Qſ 11a ORGANIZATION'S NAME 116 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME (SYNITIAL(S) SJEFIX 1'c MAILING ADDRESS STATE POSTAL CODE COUN'RY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral) 11. To the extent not listed above as original collateral, the proceeds (including, without limitation, insurance proceeds) and products of all of the foregoing For purposes hereof, the term "Account" means any right to payment of a monetary obligation, whether or not earned by performance, including, but not limited to, the right to payment of management fees. Without limiting the generality of the foregoing, the term "Account" shall further include any "account" (as that term is defined in the Uniform Commercial Code now or hereafter in effect), any accounts receivable, any "health-care insurance receivables" (as that term is defined in the Uniform Commercial Code now or hereafter in effect), any "payment intangibles" (as that term is defined in the Uniform Commercial Code now or hereafter in effect) and all other rights to payment of every kind and description, whether or not earned by performance 13 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14 This FINANCING STATEMENT REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as extracted collateral is filed as a fixture filing 15 Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate (if Debtor does not have a record interest) 17. MISCELLANEOUS: 75877538-RI 0 19847 - LAW OFFICE OF TIMOTH THE RAPPAPORT FAMILY TRUST file with Secretary of State, Rt. NES

AME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement ecause Individual Debtor name did not fit, check here.						
	nt, if line 1b was left b	lank				
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98 ORGANIZATION'S NAME						
MEDICAL SERVICES OF RHODE ISLAND, INC.						
96 INDIVIDUAL'S SURNAME						
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ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
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DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na	ime or Debtor name th	ratidid not fit in lin	e 15 or 2b of the Fir	rancing S	latement (Form UCC1) (us	e exact, full name
to not omit, modify, or abbreviate any part of the Debtor's name) and enter	ine mailing address in	line 10c				
1C5 INDIVIDUAL'S SURNAME			<u></u>			
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INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME (SYNITIAL(S)		<u> </u>				SUFFIX
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☐ ADDITIONAL SECURED PARTY'S NAME Ø ☐ ASS	LICNOR SECURE	D DARTOR		<u> </u>	<u> </u>	
1's ORGANIZATION'S NAME	SIGNOR SECUREI	D PARTTS NA	ME Provide only	one nam	e (11a or 11b)	
115 INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME		АЗЭПТЮ	NAL NAME(SYNITIAL(S)	SUFFIX
		· · · · · · · · ·				30712
: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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ADDITIONAL SPACE FOR ITEM 4 (Collateral).						
r purposes hereof, the term "Affiliate" means, with respect to	o a specific Perso	on, any Persor	n directly or indu	rectly co	entrolling, controlled b	y or under
mmon control with the specified Person, including without lii poration or other entity if the Person possesses, directly or	mitation, their stor	ckholders or a	iny Affiliates the	reof. A	Person shall be deer	ned to control
corporation or other entity, whether through the ownership	of voting securities	es, by contrac	t, or otherwise.	Allan F	the management and Rappaport shall be de	emed to be an
iliate of the Debtor regardless of whether he meets the fore-	going description	of Affiliate			,, ,	
r purposes hereof, the term "Person" means an individual, p	partnership, como	oration trust in	oint venture ioir	nt stock	company limited lish	ility company
sociation, unincorporated organization, governmental autho	rity, or any other	entity.	ome vernare, jon	n stock	company, innica nac	mity company,
This FINANCING STATEMENT is to be filed [for record] (or recorded)) in the 14. This FINA	NCING STATEM	MENT			· .
REAL ESTATE RECORDS (if applicable)	☐ cover	rs timber to be cu	t Covers as-e	xtracted	collateral is filed as a	a fixture filing
Name and address of a RECORD OWNER of real estate described in ite	m 16 16 Description	on of real estate:				
(if Debtor does not have a record interest)						

FOLLOW INSTRUCTIONS						
9 NAME OF FIRST DEBTOR. Same as line 1a or 1b on Financing Statement; if line	ine 15 was left b	lank				
because Individual Debtor name did not fit, check here						
9a ORGANIZATION'S NAME						
MEDICAL SERVICES OF RHODE ISLAND, INC.						
-						
OR 96 INDIVIDUAL'S SURNAME	_					
FIRST PERSONAL NAME	· · · ·					
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			THE ABOV	E SPACE	E IS FOR FILING OFF	FICE USE ONLY
10 DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or	r Debtor name th	at did not fit in l				
do not um I, modify, or abbreviate any part of the Debtor's name) and enter the m	nailing address in	line 10c			, , , , , , , , , , , , , , , , , , , ,	
10a. ORGANIZATION'S NAME				_	_	=
OR						
106. INDIVIDUAL'S SURNAME			_		<u></u>	<u>.</u>
INDIVIDUAL'S FIRST PERSONAL NAME						
	<u> </u>					
INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)						SUFFIX
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TOC MALINES NOUNESS	CITY			STATE	POSTAL CODE	COUNTRY
				<u></u>	<u> </u>	<u> </u>
11. ☐ ADDITIONAL SECURED PARTY'S NAME ☐ ASSIGN	OR SECURE	D PARTY'S N	IAME Provide onl	y <u>one</u> nam	e (11a or 11b)	
THE CASHILLATION STORMS						
OR 116 INDIVIDUAL'S SURNAVE	Luner nene				<u>_</u>	
The monetage day and a	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(SYMITIAL(S)	SUFFIX
11c MAILING ADDRESS	CITY			1	Tanan ann	
The margines work of	Turi,			SIATE	POSTAL CODE	COUNTRY
12 AUDITIONAL CDACE CODUTENA (Colores)				1	<u> </u>	
12. ADDITIONAL SPACE FOR ITEM 4 (Co lateral)						
Notwithstanding the foregoing, for so long as the Amended and Re	estated Credi	t and Securi	ty Agreement da	ated as o	f January 29, 2014, I	by and between
NES America, Inc., and the other borrowers that from time to time in	may be partic	es thereto. M	MidCap Funding	IV Trust.	a Delaware statutor	v trust formerly
known as MidCap Funding IV, LLC, as the administrative agent for	r the lenders,	and individu	ially, as a lende	r (as the	successor-by-assign	ment to MidCa
Financial Trust f/k/a MidCap Financial, LLC), and the other lenders and Security Agreement may be modified, amended and/or restate	s that from time t	ne to time mi lo time (the "	ay be parties the 'MidCan Credit.	ereto, as Agreeme	Such Amended and int"), may be in effect	Restated Credi
covered by this financing statement shall not include any Eligible A	occounts (as t	that term is o	defined in the M	idCap Cr	edit Agreement) that	are part of the
Borrowing Base (as that term is defined in the MidCap Credit Agree	ement).			·	3 ,	part or mo
	T				 ,-	
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	e 14. This FINA	NCING STATE	EMENT.		_	
	+	s timber to be o		-extracted	collateral is filed as	a fixture filing
 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest) 	16. Description	on of real estate	: :			
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17. MISCELLANEOUS 75877536-RI-0 19847 - LAW OFFICE OF TIMOTH THE F	RAPPAPORT FAM	IILY TRUST	File with Secretary of	State, RI	NES	